

CONFIDENTIAL

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- Instructions**
- 1) Two physicians must complete this form to be submitted with a petition for immediate temporary custody in the case of a minor child who is hospitalized as a result of serious physical illness or serious physical injury.
 - 2) For more information, see C.G.S. sections 45a-607 (b) (2).
 - 3) Type or print the form in ink. Use an additional sheet, or Second Sheet, PC-180, if more space is needed.

Probate Court Name	District Number
In the Matter of (Name of minor child.) Hereinafter referred to as the minor child.	Minor Child's Date of Birth
Physician (Name, address and telephone number.)	Connecticut Medical License No.
Physician (Name, address and telephone number.)	Connecticut Medical License No.

The physicians named above certify that:

- 1) The minor child is in need of immediate medical or surgical treatment, the delay of which would be life-threatening.
- 2) The parent (s)/guardian (s) of the minor child refuses or is unable to consent to such treatment.
- 3) Determination of the need for temporary custody cannot await notice of hearing.

Signature of Physician
Type or Print Name
Date
Signature of Physician
Type or Print Name
Date